

• PARTNERSHIP PROGRAM •

Community Care Partnership Program (HMO SNP)

Summary of Benefits

CALUMET, KENOSHA, MILWAUKEE,
OUTAGAMIE, OZAUKEE, RACINE,
WASHINGTON, WAUKESHA
AND WAUPACA COUNTIES

H2034, PLAN 001

JANUARY 1 – DECEMBER 31, 2024



Community Care Health Plan, Inc. • 205 Bishops Way • Brookfield, WI 53005

Summary of Benefits

Community Care Family Care Partnership Program

(HMO SNP)(Community Care)

H2034, Plan 001

This is a summary of drug, health and long-term care services covered by Community Care Family Care Partnership Program (HMO SNP)(Community Care) January 1 – December 31, 2024.

Community Care has a Medicare Advantage Special Needs Plan contract with the Center for Medicare and Medicaid Services (CMS) and a contract with the Wisconsin Department of Health Services (DHS) for the Medicaid Program. Enrollment is available to individuals who have both Medical Assistance from the State and Medicare, reside in the service area and are functionally eligible as determined by the Wisconsin Long-Term Care Functional Screen. Enrollment in Community Care depends on contact renewal.

The formulary, pharmacy and/or provider network may change at any time. You will receive notice when necessary.

The benefit information is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. A complete list of services is found in the “Evidence of Coverage” (EOC). You can find the EOC on the Community Care website at www.communitycareinc.org or request a copy of the EOC by contacting your care team or Customer Service at 1-866-992-6600 toll free. TTY users should call 711.

To join Community Care you must be entitled to Medicare Part A, enrolled in Medicare Part B and live in our service area. Our service area includes the following counties in Wisconsin: Calumet, Kenosha, Milwaukee, Outagamie, Ozaukee, Racine, Washington, Waukesha and Waupaca Counties.

Community Care has a network of doctors, hospitals, pharmacies and other providers. Except in emergencies, if you use the providers that are not in our network, the plan may not pay for these services. If you are an Indian member, you are permitted to obtain covered services from out-of-network Indian health care providers.

For coverage and costs of Original Medicare, look in your current “**Medicare & You**” handbook. View it online at www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you need this document in another format, please contact your team.

Thank you for your interest in Community Care’s Family Care Partnership Program (HMO SNP)

You are eligible for our plan as long as:

You have both Medicare Part A and Medicare Part B (Section 2.2 tells you about Medicare Part A and Medicare Part B)

-- *and* -- You live in our geographic service area (Section 2.3 below describes our service area).

-- *and* -- you are a United States citizen or are lawfully present in the United States

-- *and* -- You meet the special eligibility requirements described below.

Special eligibility requirements for our plan

Our plan is designed to meet the needs of people who receive certain Medicaid benefits. (Medicaid is a joint Federal and state government program that helps with medical costs for certain people with limited incomes and resources.) To be eligible for our plan you must be eligible for Medicare and Full Medicaid Benefits.

Who can join Community Care Family Care Partnership?

You are eligible for membership in our plan as long as you meet the special eligibility requirements described below.

- Be at least 18 years old;
- Be a frail elder or an adult with physical or developmental disabilities;
- Are a resident of Calumet, Kenosha, Milwaukee, Outagamie, Ozaukee, Racine, Washington, Waukesha or Waupaca County in the State of Wisconsin;
- Are functionally eligible as determined via the Wisconsin Adult Long-term Care Functional Screen;
- You must be enrolled in Medicare Parts A, B, and D; and
- You must be enrolled in the Family Care Partnership program with Community Care as your managed care organization.

You may have a monthly “Cost Share” that you must pay to remain eligible for Wisconsin Medicaid and Community Care. Your county Income Maintenance agency determines your Cost Share amount. Call Customer Service for more information (see chapter two for listing of phone numbers).

To find out if you are eligible to join contact the Aging and Disability Resource Center (ADRC) for your county. You can find a list of the ADRCs and their phone numbers at the end of this booklet. Please remember you **must** contact the ADRC in your county to enroll. **That is the only way to enroll in Community Care’s Partnership Program.**



If you have questions, please call Community Care Customer Service at 1-866-992-6600, TTY/TDD call 711. You can call 24 hours a day, 7 days a week. Calls to this number are free. For more information, visit www.communitycareinc.org.

YOU HAVE CHOICES IN YOUR HEALTH CARE

You can choose from different Medicare options.

One choice is to get your Medicare benefits through Original Medicare (fee-for-service Medicare). Original Medicare is run directly by the Federal government.

Another choice is to get your Medicare benefits by joining a Medicare health plan (such as Community Care's Partnership Program (HMO SNP)). Our members receive all of the benefits that the Original Medicare Plan offers. We also offer more benefits, which may change from year to year.

You make the choice. No matter what you decide, you are still in the Medicare Program

If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on <http://www.medicare.gov>.

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at <http://www.medicare.gov> or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Summary of Medicare Covered Benefits Section

Premiums and Benefits	Community Care Family Care Partnership Program (HMO SNP)	What you should know
Monthly Plan Premium	You pay \$0	You must continue to pay your Medicare Part B premium, unless your Part B premium is paid for you by Medicaid.
Deductible	You pay \$0	This plan does not have a deductible.
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	Because you have Medicaid, you pay \$0	All Medicare health plans have yearly limits on members' out-of-pocket costs for medical and hospital care. Medicaid pays those costs on your behalf.
Inpatient Hospital Coverage	You pay \$0	Because you have Medicaid, you are covered for an unlimited number of days each benefit period. Prior authorization may be required. Contact your Team for details.
Outpatient Hospital Coverage	You pay \$0	Prior authorization may be required Contact your Team for details.
Ambulatory Surgery Center (ASC) Services	You pay \$0	Because you have Medicaid, the ambulatory surgery center may be covered. Prior authorization is required. Contact your Team for details.
Doctor Visits Primary Care Providers & Specialist	You pay \$0	Prior authorization may be required. Contact your Team for details.
Preventive care	You pay \$0	Prior authorization may be required. Contact your Team for details.
Emergency Care	You pay \$0	Contact your Team after receiving emergency care. Emergency care is not covered outside of the US and its territories.



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Premiums and Benefits	Community Care Family Care Partnership Program (HMO SNP)	What you should know
Urgently Needed Services	You pay \$0	Contact your Team after receiving urgently needed services. Urgently needed services are immediate care, not emergency care. Urgently needed services are not covered outside of the US and its territories.
Diagnostic Services/ Labs/ Imaging <ul style="list-style-type: none"> • Diagnostic tests and procedures • Lab services • Diagnostic radiology • X-rays 	You pay \$0	Prior authorization may be required. Contact your Team for details.
Hearing Services <ul style="list-style-type: none"> • Hearing exam • Hearing aid 	You pay \$0	Prior authorization may be required. Contact your Team for details.
Dental Services <ul style="list-style-type: none"> • Oral exam & Cleaning • Fillings • Complete dentures 	You pay \$0	Because you have Medicaid, many dental services, including preventative dental services, are covered. Prior authorization may be required. Contact your Team for details.
Vision Services	You pay \$0	Prior authorization may be required. Contact your Team for details.
Mental Health Services	You pay \$0	Both inpatient and outpatient mental health services are covered. Because you have Medicaid, you are covered for an unlimited number of days each benefit period. Prior authorization may be required. Contact your Team for details.
Skilled Nursing Facility	You pay \$0	Because you have Medicaid, you are covered for an unlimited number of days each benefit period. Prior authorization may be required. Contact your Team for details.



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Premiums and Benefits	Community Care Family Care Partnership Program (HMO SNP)	What you should know
Physical Therapy	You pay \$0	Prior authorization may be required. Contact your Team for details.
Ambulance	You pay \$0	Because you have Medicaid, ambulance services may be covered. Prior authorization is required. Contact your Team for details.
Transportation	You pay \$0	Because you have Medicaid, routine transportation may be covered. Prior authorization is required. Contact your Team for details.
Medicare Part B Drugs	You pay \$0	Because you have Medicaid and are enrolled in Partnership, prior authorization may be required. The Formulary lists drugs that require prior authorization. Contact your Team for details.
Outpatient Prescription Drugs		
Medicare Part D drugs	You pay \$0	<p>Because you have Medicaid and are enrolled in Partnership, YOU HAVE NO COPAY ON PRESCRIPTION DRUGS.</p> <p>Prior authorization may be required. The Formulary lists drugs that require prior authorization. Contact your Team for details.</p> <p>Some over-the-counter (OTC) drugs are covered by Medicaid.</p>



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There are no additional Medicare benefits in 2024, but some Medicare benefits will change. The following chart lists Medicare benefits that will change in 2024:

Services that are covered for you	What you must pay when you get these services
<p>Personal Emergency Response system (PERS) PERS was a Medicare covered benefit in 2023 but will not be a Medicare covered benefit in 2024.</p>	<p>PERS may be covered as a Medicaid benefit in 2024, and you will pay \$0 for the PERS. Please contact your team for more information.</p>
<p>Meals Meals are covered as an additional Medicare benefit in 2023 but will not be covered as an additional Medicare benefit in 2024.</p>	<p>Meals may be covered as a Medicaid benefit in 2024, and you will pay \$0 for this service. Please contact your team for more information.</p>
<p>Over-the-Counter (OTC) Program Over-the-counter medicine is also known as OTC or medicine you can buy without a prescription. In 2023 Medicare covered a \$45 monthly credit to buy TC products. In 2024 Medicare will cover a \$15 monthly credit to buy OTC products.</p>	<p>Although the monthly Medicare OTC benefit will be reduced from \$45 to \$15 in 2024, your OTC benefit will not change Community Care understands the importance of this benefit to members and will cover the difference. You will continue to receive a \$45 OTC benefit each month in 2024.</p>

The Rewards and Incentives Program will continue as a Medicare benefit in 2024. Members will be paid \$20.00 for each influenza, pneumonia and COVID vaccination in 2024. Members will be required to provide proof of vaccination. Payment will be made quarterly.

In-home support services will continue as a Medicare benefit in 2024, and you will pay \$0 for this service. The benefit will be provided if authorized by a health care provider. The amount and frequency is based on what is authorized by the health care provider. Contact your team for more information



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If you want to know more about the coverage and costs of Original Medicare, look in your current “**Medicare & You**” handbook. View it online at <http://www.medicare.gov> or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

This document may be available in other formats such as Braille, large print or audio. This document may be available in a non-English language. For additional information, call Customer Service at 1-866-992-6600 toll free. Customer service has free language interpreter services available for non-English speakers.

Summary of Medicaid-Covered Benefits Section

Medicaid covers the benefits described below. For each benefit listed below, you can see what Wisconsin Medicaid covers and what our plan covers.

Benefit	Medicaid	Community Care Family Care Partnership Program (HMO SNP) Benefits
MEDICAID SERVICES		
Alcohol and Other Drug Abuse (AODA) Services	Full coverage - \$.50-\$3 copay per service	Prior Authorization may be required. \$0 copay
Audiology Services	Full coverage - \$.50-\$3 copay per service	Prior Authorization may be required. \$0 copay
Case Management Services (Targeted)	Full coverage. No copay.	Prior Authorization may be required. \$0 copay
Chiropractic Services	Full coverage - \$.50-\$3 copay per service	Prior Authorization may be required. \$0 copay
Dental Services	Full coverage - \$.50 to \$3 copay per service.	Prior Authorization may be required. \$0 copay



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2024 Summary of Benefits - Community Care Family Care Partnership Program (HMO SNP)

Benefit	Medicaid	Community Care Family Care Partnership Program (HMO SNP) Benefits
Diagnostic Testing	Full coverage - \$.50 to \$3 copay per service.	Prior Authorization may be required. \$0 copay
Dialysis Services	Full coverage. No copay.	Prior Authorization may be required. \$0 copay
Durable Medical Equipment and Medical Supplies	Full coverage. \$0.50 to \$3 copay per item. Rental items are not subject to copay.	Prior Authorization may be required. \$0 copay
Drugs (prescription)	Coverage of generic and brand name prescription drugs, and some over-the-counter (OTC) drugs. Copay: \$0.50 for OTC drugs \$1 for generic drugs \$3 for brand Copays are limited to \$12 per member, per provider, per month. OTCs are excluded from this \$12 maximum. Limit of five opioid prescription fills per month. \$0 copay	Prior Authorization may be required. You pay \$0 for covered drugs. Because you have Medicaid and are enrolled in Partnership, you have no copay on prescription drugs.
Home Care Services (Home Health, Private Duty Nursing and Personal Care)	Full coverage of Private duty nursing, home health services, and personal care. No copay.	Prior Authorization may be required. \$0 copay
Hospice Care Services	Full coverage. No copay.	Prior Authorization may be required. \$0 copay



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2024 Summary of Benefits - Community Care Family Care Partnership Program (HMO SNP)

Benefit	Medicaid	Community Care Family Care Partnership Program (HMO SNP) Benefits
Hospital Services – Inpatient and Outpatient	Full coverage. No copays.	Prior Authorization may be required. \$0 copay
Mental Health Services	\$0.50 to \$3 copay per service, limited to the first 15 hours or \$825 of services, whichever comes first, provided per calendar year. Copays are not required when services are provided in a hospital setting.	Prior Authorization may be required. \$0 copay
Nursing Home Services	Full Coverage. \$0 copay	Prior Authorization may be required. Members are required to pay nursing home patient liability.
Physician Services (May include: <ul style="list-style-type: none"> • Physician Assistants • Nurse Practitioners • Rural Health Clinics) 	Full coverage, including laboratory and radiology. \$0.50 to \$3 copay per service limited to \$30 per provider per calendar year. (No copay for emergency services, preventive services, anesthesia or clozapine management.)	Prior Authorization may be required. \$0 copay
Podiatry Services	Full coverage – \$0.50 to \$3 copay per service; limited to \$30 per provider per calendar year.	Prior Authorization may be required. \$0 copay
Respiratory Care for Ventilator – Assisted Recipients	Full Coverage. \$0 copay	Prior Authorization may be required. \$0 copay
Transportation – Ambulance, Specialized Medical Vehicle (SMV), Common Carrier	Full coverage of emergency and non-emergency transportation to and from a certified provider for a covered service. \$2 copay for non-emergency ambulance trips	Prior Authorization may be required. \$0 copay



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Benefit	Medicaid	Community Care Family Care Partnership Program (HMO SNP) Benefits
	\$1 copay per trip for transportation by Specialized Medical Vehicle (SMV) No copay for transportation by common carrier or emergency ambulance	
Therapy – Physical Therapy, Occupational Therapy and Speech and Language Pathology	Full coverage - \$0.50 to \$3 copay per service. Copay obligation limited to the first 30 hours or \$1500, whichever occurs first, during one calendar year (copay limits calculated separately for each discipline)	Prior Authorization may be required. \$0 copay
Vision Care Services	Full coverage including eyeglasses - \$0.50 to \$3 copay per service.	Prior Authorization may be required. \$0 copay

The following services are not covered by Community Care Partnership but are available to members through Wisconsin Medicaid:

- Behavioral treatment services (Autism Services) as defined in ForwardHealth Online Handbook.
- Comprehensive community services
- Community recovery services
- School-based services
- Residential substance use disorder treatment



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MEDICAID LONG-TERM CARE SERVICES

All members of Partnership are also eligible to receive the long-term care benefits which are covered by Medicaid and listed in the chart below. All of the services in the Partnership benefit package must be prior approved by your care team.

Premiums and Benefits	Community Care Family Care Partnership Program (HMO SNP)	What you should know
Adaptive Aids (general and vehicle)	Covered	Prior Authorization may be required. \$0 copay
Adult Day Care	Covered	Prior Authorization may be required. \$0 copay
Assistive Technology/ Communication Aids	Covered	Prior Authorization may be required. \$0 copay
Care/ Case Management (including Assessment and Case Planning)	Covered	\$0 copay
Consultative Clinical and Therapeutic Services for Caregivers	Covered	Prior Authorization may be required. \$0 copay
Consumer Education and Training	Covered	Prior Authorization may be required. \$0 copay
Counseling and Therapeutic Resources	Covered	Prior Authorization may be required. \$0 copay
Environmental Accessibility Adaptations (Home Modifications)	Covered	Prior Authorization may be required. \$0 copay



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2024 Summary of Benefits - Community Care Family Care Partnership Program (HMO SNP)

Premiums and Benefits	Community Care Family Care Partnership Program (HMO SNP)	What you should know
Financial Management Services	Covered	Prior Authorization may be required. \$0 copay
Habilitation Services <ul style="list-style-type: none"> • Daily Living Skills Training • Day Habilitation Services 	Covered	Prior Authorization may be required. \$0 copay
Housing Counseling	Covered	Prior Authorization may be required. \$0 copay
Meals – Home Delivered	Covered	Prior Authorization may be required. \$0 copay
Personal Emergency Response System Services	Covered	Prior Authorization may be required. \$0 copay
Prevocational Services	Covered	Prior Authorization may be required. \$0 copay
Relocation Services	Covered	Prior Authorization may be required. \$0 copay
Residential Services: <ul style="list-style-type: none"> • Residential Care Apartment Complex (RCAC) • Community Based Residential Facility (CBRF) • Adult Family Home (AFH) 	Covered	Prior Authorization may be required. \$0 copay* *Members are required to pay Room and Board costs



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2024 Summary of Benefits - Community Care Family Care Partnership Program (HMO SNP)

Premiums and Benefits	Community Care Family Care Partnership Program (HMO SNP)	What you should know
Respite Care (for caregivers and members in non-institutional and institutional settings)	Covered	Prior Authorization may be required. \$0 copay
Skilled Nursing Services	Covered	Prior Authorization may be required. \$0 copay
Specialized Medical Equipment and Supplies	Covered	Prior Authorization may be required. \$0 copay
Support Broker	Covered	Prior Authorization may be required. \$0 copay
Supported Employment	Covered	Prior Authorization may be required. \$0 copay
Supportive Home Care	Covered	Prior Authorization may be required. \$0 copay
Training Services for Unpaid Caregivers	Covered	Prior Authorization may be required. \$0 copay
Transportation (Specialized Transportation)	Covered	Prior Authorization may be required. \$0 copay
Vocational Futures Planning	Covered	Prior Authorization may be required. \$0 copay



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Community Care is a fully integrated Medicare and Medicaid health and long-term care program for the frail elderly and adults with physical or developmental disabilities. Members receive all Medicaid and Medicare benefits through the Partnership model of care, which includes but is not limited to:

- combined Medicaid and Medicare eligibility and enrollment procedures;
- member participation in care planning;
- member and team cooperation in managing care;
- quality management; and
- help with grievances and appeals.

Because you are a member of this Partnership program, your Medicare deductible and coinsurance amounts are paid on your behalf.

Community Care, a Medicare Advantage Special Needs Plan, is a different kind of health plan, providing your health care services in a personal way. We work with you and your family to give the kind of care you need and want. We want you to stay independent and will encourage you to do as much for yourself as possible. We help you to make informed health choices.

Your health care is planned with you and your family or significant others by a special group of people working with you. An Interdisciplinary Team (Team) works with you to identify your goals (outcomes), and develops a Plan to support achievement of these outcomes.

As a member of Community Care, you may be responsible for a monthly cost share. This amount is determined by your county Income Maintenance Agency and **must be paid** to keep your eligibility for Medicaid. Community Care will bill you for the cost share each month. (The federal government refers to this as the “post-eligibility treatment of income.”).

If you reside in substitute care, you **must also pay** for room and board. Community Care will bill you for the room and board each month.

Providers may not bill you for covered benefits that were authorized by Community Care and received while you were enrolled in our plan. Providers may bill you for non-covered services that you have agreed to pay.



If you have questions, please call Community Care Customer Service at 1-866-992-6600, TTY/TDD call 711. You can call 24 hours a day, 7 days a week. Calls to this number are free. For more information, visit www.communitycareinc.org.

Please remember that **you must** contact the ADRC in your county to enroll or disenroll. That is the only way to enroll or disenroll in Community Care’s Partnership Program.

Contact your local Aging and Disability Resource Center (ADRC) to find out if you are eligible to join and to enroll.

You can contact the ADRC for your county of residence as listed below.

Calumet County ADRC	920-849-1451	TTY Call the Wisconsin Relay System at 711
Kenosha County ADRC	262-605-6646	TTY Call the Wisconsin Relay System at 711
Milwaukee County ARDC	414-289-6874	TTY Call the Wisconsin Relay System at 711
Racine County ADRC	262-638-6800	TTY Call the Wisconsin Relay System at 711
Outagamie County ADRC	920-832-5178	TTY call the Wisconsin Relay System at 711
Ozaukee County ADRC	262-284-8120	TTY call the Wisconsin Relay System at 711
Washington County ADRC	262-335-4497	TTY call the Wisconsin Relay System at 711
Waukesha County ADRC	262-548-7848	TTY call the Wisconsin Relay System at 711
Waupaca County ADRC	715-258-6400	TTY call the Wisconsin Relay System at 711



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Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-866-992-6600. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-866-992-6600. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-866-992-6600。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-866-992-6600。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-866-992-6600. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-866-992-6600. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-866-992-6600 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-866-992-6600. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.



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Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-866-992-6600 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-х866-992-6600. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على بمساعدتك. هذه مترجم فوري، ليس عليك سوى الاتصال بنا على 1-866--992-6600. سيقوم شخص ما يتحدث العربية خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-866-992-6600 पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1866-992-6600. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-866-992-6600. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-866-992-6600. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-866-992-6600. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-866-992-6600 にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。



If you have questions, please call Community Care Customer Service at 1-866-992-6600, TTY/TDD call 711. You can call 24 hours a day, 7 days a week. Calls to this number are free. For more information, visit www.communitycareinc.org.

Hmong: CEEB TOOM: Yog koj hais lus Hmoob, kev pab rau lwm yam lus muaj rau koj dawb xwb. Hu 1 866 992 6600 (TTY: 711).

Serbo-Croatian: PAŽNJA: Ako govorite srpsko-hrvatski imate pravo na besplatnu jezičnu pomoć. Nazovite 1 866 992 6600 (telefon za gluhe: 711).

Community Care:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - o Qualified sign language interpreters
 - o Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - o Qualified interpreters
 - o Information written in other languages

If you need these services, contact your care team toll free at 1-866-992-6600

For more information, please call us at the phone number below or visit us at www.communitycareinc.org.

Toll free: 1-866-992-6600, TTY users should call 711.

You can call us 24 hours a day, 7 days a week.

You can see our plan's provider directory on our website at www.communitycareinc.org.

We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider.

You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website at www.communitycareinc.org.



If you have questions, please call Community Care Customer Service at 1-866-992-6600, TTY/TDD call 711. You can call 24 hours a day, 7 days a week. Calls to this number are free. For more information, visit www.communitycareinc.org.

Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at 1-866-992-6600, TTY call 711.

Understanding the Benefits

- The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit www.communitycareinc.org or call 1-966-992-6600, TTY call 711, to view a copy of the EOC.
- Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- Review the formulary to make sure your drugs are covered.

Understanding Important Rules

- Effect on Current Coverage. If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage healthcare coverage will end once your new Medicare Advantage coverage starts. If you have Tricare, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact Tricare for more information. If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use.
- You must continue to pay your Medicare Part B premium (unless your Part B premium is paid for you by Medicaid or another third party). This premium is normally taken out of your Social Security check each month.
- Benefits, premiums and/or copayments/co-insurance may change on January 1, 2024.
- Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory). If you are an Indian member, you are permitted to obtain covered services from out-of-network Indian health care providers.
- This plan is a dual eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid. To be eligible for our plan you must be enrolled in the Partnership program, which is a Full Medicaid Benefit Program in Wisconsin.



If you have questions, please call Community Care Customer Service at 1-866-992-6600, TTY/TDD call 711. You can call 24 hours a day, 7 days a week. Calls to this number are free. For more information, visit www.communitycareinc.org.

Community Care is a private, non-profit organization that integrates health care and well-being services to provide the wider range of help that seniors and adults with disabilities need. In business since 1977, our services allow people to continue living independently, in their own homes and communities.

The Community Care Family Care Partnership Program (HMO SNP) is a Coordinated Care Plan with a Medicare Advantage Contract and a contract with the Wisconsin Department of Health Services for the Medicaid Program.

Enrollment in Community Care depends on contract renewal.

Enrollment is available to anyone who has both Medical Assistance from the State and Medicare and is functionally eligible as determined by the Wisconsin Long-Term Care Functional Screen.



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